PRINTED: 01/09/2024 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED MHL023004 B. WING 01/03/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 924 N. LAFAYETTE STREET **ADVENTURE HOUSE** SHELBY, NC 28150 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)**PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint survey was completed on 1/3/24. The complaint was unsubstantiated (#NC00209939). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness. This facility is licensed for 0 and currently has a census of 81. The survey sample consisted of audits of 5 current clients. V 108 27G .0202 (F-I) Personnel Requirements V 108 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G RECEIVED .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff MAK U 7 2024 member shall be trained in basic first aid including seizure management, currently trained DHSR-MH Licensure Sect to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross,

Division of Health Service Regulation

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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ADVENTURE HOUSE  924 N. LAFAYETTE STREET  SHELBY, NC 28150  PROVIDER'S PLAN OF CORRECTION PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 108  Continued From page 1  the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating, and controlling infectious and communicable diseases of personnel and clients.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 3 of 3 audited staff (Staff #1, #2, #3) were trained to meet the mh/dd/sa needs of the clients. The findings are:  Record review on 12/29/23 for Client #1 revealed: Date of admission: 11/16/22 Diagnosis: Adjustment Disorder with mixed anxiety and depressed mood.  Record review on 12/29/23 for Client #2 revealed: Date of admission: 11/12/147 Diagnoses: Schizoaffective Disorders, Bipolar			MHL023004	B. WING _			
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  V 108  Continued From page 1 the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating, and controlling infectious and communicable diseases of personnel and clients.  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 3 of 3 audited staff (Staff #1, #2, #3) were trained to meet the mh/dd/sa needs of the clients. The findings are:  Record review on 12/29/23 for Client #1 revealed: Date of admission: 11/16/22 Diagnosis: Adjustment Disorder with mixed anxiety and depressed mood.  Record review on 12/29/23 for Client #2 revealed: Date of admission: 11/27/17 Diagnoses: Schizoaffective Disorder, Bipolar  Diagnoses: Schizoaffective Disorder, Bipolar		TURE HOUSE	924 N. LA SHELBY,	FAYETTE	STREET		
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Record review on 12/29/23 for Client #3 revealed: Date of admission: 3/15/22 Diagnoses: Paranoid Schizophrenia, Attention Deficit Hyperactivity Disorder.  Record review on 12/29/23 for Client #4 revealed: Date of admission: 8/23/22 Diagnosis: Depression.		the American Heart equivalence for relie (i) The governing be implement policies a reporting, investigat and communicable of clients.  This Rule is not met Based on record rev facility failed to ensur #1, #2, #3) were train needs of the clients.  Record review on 12/2 Date of admission: 1: Diagnosis: Adjustme anxiety and depresses Record review on 12/2 Date of admission: 1: Diagnoses: Schizoaff Disorder.  Record review on 12/2 Date of admission: 3/2 Diagnoses: Paranoid Deficit Hyperactivity Execord review on 12/2 Date of admission: 8/2 Date of a	Association or their ving airway obstruction. Ody shall develop and and procedures for identifying, ing, and controlling infectious diseases of personnel and as evidenced by: iews and interviews, the re 3 of 3 audited staff (Staff ned to meet the mh/dd/sa. The findings are:  1/29/23 for Client #1 revealed: 1/16/22 ant Disorder with mixed ed mood.  29/23 for Client #2 revealed: 1/27/17 fective Disorder, Bipolar  29/23 for Client #3 revealed: 1/5/22 Schizophrenia, Attention Disorder.		To correct 27G .0202 (F-I) Personnel Requirement have added appropriate trainings to the initial/annu training specifically for mental health, development disabilities and substance abuse through the Relias Course which are to be completed by 05/31/24. So courses added include: Schizophrenia Spectrum and Other Psychotic Disord Paraprofessionals Symptoms, Etiology, and Recovery-Focused Interver Schizophrenia SMI: Bipolar and Depressive Disorders in Adults for Paraprofessionals An Overview of Bipolar and Related Disorders An Overview of Substance Use Disorders Overview of Co-Occurring Disorders for Paraprofessi Working with Individuals with Alcohol Use Disorder Overcoming Barriers to LGBTQ+ Affirming Behaviora Services	al tal tal Training me ers for ations for onals	

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V 108	Continued From page	ge 2	V 108			
	Diagnoses: Major D Dependence.	Depressive Disorder, Alcohol				
	-Date of hire- 7/1/23 (paraprofessional) -There was no docu	3/24 for Staff #1 revealed: as Rehabilitation Specialist mentation of training in opmental disability/substance				
	-Date of hire-11/1/05 Specialist (Qualified -There was no docur	3/24 for Staff #2 revealed: as Senior Rehabilitation Professional). mentation of training in opmental disability/substance				
	-Date of hire- 7/17/06 (paraprofessional) -There was no docur	8/24 for Staff #3 revealed: 6 as Rehabilitation Specialist mentation of training in opmental disability/substance				
	Interview on 1/3/24 w -Had a lot of online tr specific trainings on n abuse.	rith Staff #1 revealed: rainings but did not recall mental health or substance				
	revealed: -Was not aware staff of mh/dd/sa as she had February 2023. -Had added trainings	ith the Executive Director  did not have trainings in only been ED since  related to suicide and ent she thought would be				

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			de la Carlonge de Carlonge de Carlonge					
		10A NCAC 27E .010						
		ALTERNATIVES TO	) RESTRICTIVE					
		INTERVENTIONS						
		(a) Facilities shall in	nplement policies and					
		practices that empha	asize the use of alternatives					
		to restrictive interver	ntions.					
			g services to people with					
		disabilities staff incl	uding service providers,					
		employees, students	or volunteers, shall					
		demonstrate compos	tence by successfully					
		completing training is	lence by successfully					
		other strate size for	n communication skills and					
		other strategies for c	reating an environment in					
		which the likelihood of	of imminent danger of abuse					
		or injury to a person	with disabilities or others or					
		property damage is p	prevented.					
		<ul><li>(c) Provider agencie</li></ul>	s shall establish training					
		based on state comp	etencies, monitor for internal					
		compliance and dem	onstrate they acted on data					
		gathered.	,					
		(d) The training shall	be competency-based,					
		include measurable I	earning chiectives					
		measurable testing (v	vritten and by observation of				1	
		hehavior) on those of	bjectives and measurable					
		methods to determine	o possing or failing the					
		course.	e passing or failing the					
			teriois					
		(e) Formal refresher	training must be completed					
		by each service provi	der periodically (minimum					- 1
		annually).						- 1
		(f) Content of the trai	ning that the service					
		provider wishes to em	ploy must be approved by					1
		the Division of MH/D[	D/SAS pursuant to					1
		Paragraph (g) of this	Rule.					
			strate competence in the					1
		following core areas:	The state of the s					1
			and understanding of the					- 1
		people being served;	and and crotaliding of the					1
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		(2) recognizing behavior; (3) recognizing external stressors the disabilities; (4) strategies relationships with per (5) recognizing organizational factor disabilities; (6) recognizing assisting in the personal decisions about their (7) skills in assescalating behavior; (8) communication and de-escalating portion and de-escalating portion and (9) positive behaviors which are (h) Service providers documentation of initiation at least three years. (1) Documentation (A) who particip outcomes (pass/fail); (B) when and we (C) instructor's (D) Instructor Qualification at preventing at preventing, recognized for restrictive interest of the preventing o	g and interpreting human  g the effect of internal and	V 536			

PRINTED: 01/09/2024 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED C MHL023004 B. WING 01/03/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 924 N. LAFAYETTE STREET ADVENTURE HOUSE SHELBY, NC 28150 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 536 | Continued From page 5 V 536 by scoring a passing grade on testing in an instructor training program. The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4)The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.

Acceptable instructor training programs

shall include but are not limited to presentation of: understanding the adult learner:

methods for evaluating trainee

documentation procedures.

teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive

aimed at preventing, reducing and eliminating the need for restrictive interventions at least once

instructor training at least every two years. (i) Service providers shall maintain

training for at least three years.

instructor's name.

documentation of initial and refresher instructor

when and where attended; and

Trainers shall complete a refresher

Documentation shall include:

who participated in the training and the

methods for teaching content of the

Trainers shall have coached experience

Trainers shall teach a training program

Division of Health Service Regulation

(1)

(A)

(B)

(C)

(B)

(D)

(6)

course: (C)

annually. (8)

performance; and

review by the coach.

outcomes (pass/fail):

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Action to the second control of the second c	PLE CONSTRUCTION G:		TE SURVEY MPLETED
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; ; ; t ;	request and review (k) Qualifications of (1) Coaches s requirements as a tr (2) Coaches s the course which is (3) Coaches s competence by com train-the-trainer instr (I) Documentation s as for trainers.  This Rule is not met Based on personnel interviews, the facility completed training in intervention annually #1, #2 and #3). The Record review on 1/3 -Date of hire-7/1/23 a (paraprofessional) -There was documentaining in "strategies situations" not the entrainings through Relice Record review on 1/3 Date of hire-11/1/05 a	con of MH/DD/SAS may this documentation any time. Coaches: shall meet all preparation rainer. Shall teach at least three times being coached. Shall demonstrate pletion of coaching or ruction. Shall be the same preparation as evidenced by: record reviews and staff alternatives to restrictive for 3 of 3 audited staff (Staff findings are:  1/24 for Staff #1 revealed: Its Rehabilitation Specialist station of only 1 online for de-escalating hostile tire group of approved as.		To correct 10A NCAC 27E .0107 Training of Alternatives to restrictive interventions we accour Relias Trainings: Crisis Management Basics for Paraprofession Preventing and De-escalating Crisis Situation Recognizing and Responding to a Person in Coverbal De-escalation Strategies Verbal De-escalation Practice Use of Crisis Intervention Techniques All these trainings equal 4.91 hours of training These trainings will be due on 05/31/24.	dded to nals ns Crisis	
	Specialist (Qualified F There was document th Service Regulation	Professional). Lation of only 1 online				

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